

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, <u>et seq.</u>) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL OR CANDIDATE
1/15/04	Howard Cotter
3. ADDRESS AND PHONE S	Street or Rural Route City State Zip code Phone
201 E. Newberry	ST. Chattanooge TN 37415 (423) 875-3835
4. TITLE OF OFFICE HELD OR S	OUGHT (Include district number , if applicable)
minor children residing with you. "N salaried employments. No dollar a	oty Dept of Education 1 Bank Berke ATTORNES
business organization in excess of t	ment by you, your spouse or minor children residing with you in any corporation or other ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the elisted but no dollar amounts or percentages of the investment need to be stated.
spouse or minor children residing w	firm or organization for whom compensated lobbying is done by any associate, your ith you. Also, list any firm in which you, your spouse or minor children residing with you sated lobbying is done. Explain the terms of any such employment and the measures
None	
PROFESSIONAL SERVICES: L. services, such as those of an attorn NoNE	list in general terms (by areas of the client's interests) the entities to which professional ney, accountant or architect, are furnished by you or your spouse.

	rs of General Assembly only): List the amount and source (by name) of any defraying the expenses necessarily related to the adequate performance of
promoting or opposing, influencing or attempt	you receive from any person, firm or organization who is in the practice of pling to influence directly or indirectly, the passage or defeat of any legislaty, the legislative committees or the members thereof.
11. BÁNKRUPTCY: List any adjudication of five (5) years of the date of this report.	of bankruptcy or discharge received in any United States district court within
	E0.
made in the previous calendar year to you, y closed on this report if they are: (1) From your immediate family (spouse,) (2) From a federally insured financial instit business of making loans. The loan massures repayment, evidenced by a w (3) Secured by a recorded security interes made on a basis which assures repayment, evidenced by a recorded security interes made on a basis which assures repaymentization schedule. (4) From a partnership in which you have	tution or made in accordance with existing law in the ordinary course of doing nust bear the usual and customary rate of interest, be made on a basis which written instrument and subject to a due date or amortization schedule. It in collateral, bearing the usual and customary interest rate of the lender and ayment, evidenced by a written instrument and subject to a due date and at least ten percent (10%) partnership interest.
13. ADDITIONAL INFORMATION: List any	additional information you wish to disclose.
14. OPTION AVAILABLE TO OFFICEHOLD	
There has been no change in cor	nditions since my previous report.
15. TO BE SIGNED BY REPORTING OFFICE	I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act. Signature of Official or Candidate I, the undersigned, do hereby witness the above signature which was signed in my presence. Signature of Witness Date